

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>HS</i>	<i>32</i>	<i>8/12</i>
FORMALITY REVIEW	<i>H-S</i>	<i>866</i>	<i>8756779</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

BEST AVAILABLE COPY
 ✓ Rejected
 Allowed
 (through numeral) Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	<i>12/18/84</i>
2	<i>5/2/85</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

C.C.
03-09-01